

**Rhode Island Board of Governors**

**For Higher Education**

The Shepard Building

80 Washington Street, Suite 524

Providence, RI 02903

**Rhode Island**

**College Access Challenge Grant Program**

**(RICACGP)**

**Project Report**

**Format**

**Report Schedule:**

**Please refer to award letter and cooperative agreement for reporting deadlines.**

**College Access and Completion**

**Work Group Presentation:**

**To Be Determined**

# PROJECT REPORT FORMAT & REQUIREMENTS

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| GENERAL FORMAT REQUIREMENTS |

* Typed in 12-point Arial or Calibri, double-spaced
* 8-1/2 by 11-inch pages—**numbered** and with one-inch margins
* The narrative in the quarterly report must *not exceed 5 pages*, including the executive summary. The page limit does not include the budget table, budget narrative, or any appendices as needed.
* The December project report will serve as the final project report and must *not exceed 10 pages*. Again, the page limit does not include budget table, budget narrative, or any appendices as needed.
* All parts of the application must be submitted together, using appropriate forms; and
* **One hard-copy original**, and one electronic must be submitted.

**PROJECT REPORT CHECKLIST**

##### The report format is available on-line ([www.ribghe.org](http://www.ribghe.org)); hard copies can be obtained on request ([jfennell@ribghe.org](mailto:jfennell@ribghe.org)). Every report submission must include **one original** and it must **also** **be submitted electronically to** [**jfennell@ribghe.org**](mailto:jfennell@ribghe.org)**.** The original printed proposal must be delivered to:

Rhode Island Office of Higher Education

ATTN: Joyce Fennell

Shepard Building, Room 524

60 Washington Street

Providence, RI 02903

##### **The project reports shall contain the following sections:**

1. \_\_\_\_Cover Sheet\*
2. \_\_\_\_Executive Summary\*
3. \_\_\_\_ Narrative

b. \_\_\_\_Goals and Objectives

1. \_\_\_\_Progress

d. \_\_\_\_Participants

1. \_\_\_\_Potential Challenges

4. \_\_\_\_Budget

a. \_\_\_Budget Table\*

b. \_\_\_Budget Narrative\*

5. \_\_\_\_Appendices, if necessary

*\*Use the appropriate forms included in Appendix A.*

# PROJECT REPORT NARRATIVE

**The following outline should guide writing the narrative section of the project report.**

1. **Descriptive summary of your project goals and target population served**
2. **Overview of how your project is progressing:**
   1. What progress has been made on project goals and objectives?
   2. Is the project on schedule? If not, please discuss why.
   3. Reflect on management of direct service activities and/or coordination of services.
   4. What are the greatest challenges and/or major issues faced by the project to date?

Then discuss the factors that will make it possible or not possible to meet the expectations of the project objectives.

1. **Summary of participants for each activity and the number of attendees/participants for each (see sample summary of participants worksheet in appendices).**
2. **Do you anticipate any difficulties completing all activities on schedule and according to the proposed budget?** If so, please explain any anticipated modifications. *(Note that when such difficulties arise, project directors are encouraged to contact RI OHE as soon as possible to begin discussing possible ways of addressing the problems encountered.)*

# PROJECT REPORT BUDGET

**The budget summary and narrative should clearly link costs to the project activities including operational and management.**

1. The Budgetshould show all planned expenditures for the project (see Budget forms in Appendix).
2. Identify staff and amount of time dedicated to the project including salary and benefits.

(a) *Note on Personnel:* Salaries are to be a function of regular appointment (% time commitment) for the academic year or the summer session, if applicable. Salaries cannot be drawn at a higher pay rate than that which the individual normally receives.

(b) List individually all key personnel and the requested salary amounts to be funded during the academic year and the summer if applicable by indicating what percent of the individual’s annual time will be committed to the project. Support personnel must be clearly justified and may include clerical and graduate or undergraduate assistants. If effort is committed as an in-kind institution and/or organization contribution, that should be noted in column 2 or column 3.

###### Enter travel costs if necessary for key personnel to conduct off-site activities. Mileage allowances may not exceed the State’s approved rate for mileage reimbursement at the time of travel. Currently this rate is .555 cents per mile. All travel funding must be specifically designated by place and position, approximate date, distance, and method of travel.

1. Equipment should include documentation and be strongly justified for benefitting the target population.
2. Non-expendable supplies, including but not limited to books and materials necessary for the effective implementation of the funded activity, may be purchased only if they are necessary and appropriate to the project activities. Items purchased are considered property of the school or students/parents and must remain at the school or with students/parents upon completion of grant activities.
3. Other (specify)
4. Subsistence snacks and light refreshments for activities are allowable charges. If provided, regulations apply and require that an agenda and an attendance list be supplied.
5. Rental of space, if necessary
6. Any other costs not included above that are necessary to implement the project; provide specifics.

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# APPENDIX: Project Report Forms

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**Cover Sheet**

**Executive Summary**

**Budget Table**

**Budget Narrative**

**Participant Summary Worksheet**

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**RHODE ISLAND COLLEGE ACCESS CHALLENGE GRANT**

**SUB-GRANT AWARDS**

PROJECT REPORT COVER SHEET

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Project:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Director(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAX Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Finance or Business Office Contact, Name & Title (as applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification by authorizing official (Executive Director, etc.):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RHODE ISLAND COLLEGE ACCESS CHALLENGE GRANT**

**PROJECT REPORT SUB-GRANT AWARDS**

EXECUTIVE SUMMARY

**Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reporting Period:**

**In 300 words or less, describe your project goals, objectives and status of activities including successes, challenges and opportunities.**

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**RHODE ISLAND COLLEGE ACCESS CHALLENGE GRANT**

**PROJECT REPORT SUB-GRANT AWARDS**

BUDGET SUMMARY

**Lead Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reporting Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **BUDGET TABLE** | | | | |
| **FUND**  **CATEGORY** | **TOTAL**  **AWARDED** | **EXPENDITURE**  **FOR QUARTER** | **TOTAL**  **EXPENDITURE** | **BALANCE** |
| **Salaries & Wages** |  |  |  |  |
| **Fringe Benefits** |  |  |  |  |
| **Travel** |  |  |  |  |
| **Equipment** |  |  |  |  |
| **Materials & Supplies** |  |  |  |  |
| **Other** |  |  |  |  |
| **Total Direct Costs** |  |  |  |  |
| **Indirect Costs** |  |  |  |  |
| **Total Costs** |  |  |  |  |

**RHODE ISLAND COLLEGE ACCESS CHALLENGE GRANT**

**PROJECT REPORT SUB-GRANT AWARDS**

BUDGET NARRATIVE

**Lead Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reporting Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*[Provide justification for each line of the budget table, as outlined in sub-grant award proposal.]*

**A. Salaries & Wages:**

B. Fringe Benefits:

**C. Travel:**

D. Equipment:

E. Materials and Supplies:

**F: Other:**

**RHODE ISLAND COLLEGE ACCESS CHALLENGE GRANT**

**PROJECT REPORT SUB-GRANT AWARDS**

PARTICIPANT WORKSHEET SAMPLE

**Lead Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Activity Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Activity Objective: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total # of Participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Participant** | **Participant Type** |
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